

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/618165 FILING DATE

APPLICANT(S)

5/9/05

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5	1					
6		1				
7	1					
8						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	2	2	2	2	2	2
TOTAL CLAIMS	6					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				